## PART B - FEE(S) TRANSMITTAL



Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

**Commissioner for Patents** Alexandria, Virginia 22313-1450

(703)746-4000

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CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block I

STERNE, KESSLER, GOLDSTEIN & FOX 1100 NEW YORK AVENUE, N.W.

SUITE 600

WASHINGTON, DC 20005-3934

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above, or being facsimile transmitted to the USPTO, on the date indicated below.

(Depositor's name) (Signature (Date

APPLICATION NO. FILING DATE NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. 09/438,689 11/12/1999 Christopher M. Ward 1875.095000C. 9756

TITLE OF INVENTION: DIFFERENTIAL CRYSTAL OSCILLATOR

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1300	\$0	\$1300	11/03/2003
EXAMINER MIS, DAVID C		ART UNIT 2817	CLASS-SUBCLASS 331-1160FE		
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent free the names of up to 3 registered or agents OR, alternatively, (2) single firm (having as a mem attorney or agent) and the nat registered patent attorneys or ag is listed, no name will be printed.	patent attorneys ) the name of a ber a registered mes of up to 2 ents. If no name	e, Kessler, <u>cein &amp; Fo</u> x P.L.L

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY) (A) NAME OF ASSIGNEE

## Broadcom Corporation

## Irvine, CA

Please check the appropriate assignee category or categories (w	ill not be printed on the patent) u individual Secondarion or other private group entity u government					
4a. The following fee(s) are enclosed:	4b. Payment of Fee(s):					
M Issue Fee	△ A check in the amount of the fee(s) is enclosed.					
□ Publication Fee	☐ Payment by credit card. Form PTO-2038 is attached.					
MAdvance Order - # of Copies 3 (three)	A The Commissioner is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 19-0036 (enclose an extra copy of this form).					

Commissioner for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

Authorized Signature) JA Blue (Date) 1/3/03	11/06/2003 MAHMED2	00000204 09438689
NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.	01 FC:1501 02 FC:8001	1330.00 DP 9.00 DP
This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.  Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.		

Approved for use through 07/31/2006,	
Patent and Trademark Office: U.S. DEPARTMENT	OF COMMERCE
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FEE TRANSMITTAL for FY 2003

01/01/2003. Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** 

(\$) 1,339.00

is are required to respond to a c	ollection of information unless it displays a valid OMB control number.
	C mplete if Kn wn
Application Number	09/438,689
Filing Date	November 12, 1999
First Named Inventor	Christopher M. Ward
Examiner Name	Mis, D.
Art Unit	2817
Attorney Docket No.	1875 095000C

METHOD OF PAYMENT (check all that apply)	FEE CALCULATION (continued)						
Charle M. Cradit and C. Manay Order M. Othertt C. Nana	3. ADDITIONAL FEES						
☐ Check ☒ Credit card ☐ Money Order ☒ Other** ☐ None "Charge any deficiencies or credit any overpayments in the fees or fee calculations of Parts 1, 2 and 3 below to Deposit Account No. 19-0036.	Large	Large Entity Small Entity					
Deposit Account Deposit Account Number 19-0036		Fee Fee (\$) Cod	Fee de (\$)	1	Fee Description		Fee Pald
Deposit Account Name: Sterne, Kessler, Goldstein & Fox P.L.L.C.	1051	130	2051	65	Surcharge - late filing fe	ee or oath	
The Commissioner is authorized to: (check all that apply)	1502	50	2052	25	Surcharge-late provision	onal filing fee or cover	
☐ Charge fee(s) indicated below ☐ Credit any over payments	1053	130	1053	130	Non-English specification	on	
☐ Charge any additional fee(s) during the pendency of this	1812	2,520	1812	2,520	For filing a request for	ex parte reexamination	
application		920*	1804	920*	Requesting publication	of SIR prior to Examine	d
☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.	1805	1,840*	1805	1,840*	Requesting publication action	of SIR after Examiner	
	1251	110	2251	55	Extension for reply with	nin first month	
	1252	420	2252	210	Extension for reply with		
FEE CALCULATION	1253	950	2253	475	Extension for reply with		
1. BASIC FILING FEE	1254	1,480	2254	740	Extension for reply with		
Large Entity Small Entity	1255	2,010	2255	1,005			
Fee Fee Fee Fee Description Fee Paid	1401	330	2401	165	Notice of Appeal		
Code (\$) Code (\$)	1402	330	2402	165	Filing a brief in support	of an appeal	<b></b>
1001 770 2001 385 Utility filing fee 1002 340 2002 170 Design filing fee	1403	290	2403	145	Request for oral hearin	g .	-
1003 530 2003 265 Plant filing fee	1451	1,510	1451	1,510	Petition to institute a pu	ublic use proceeding	
1004 770 2004 385 Reissue filing fee	1452		2452	55	Petition to revive - una		
1105 160 2005 80 Provisional filing fee	1453		2453	665	Petition to revive - unin		
	l	·					
SUBTOTAL (1) (\$) <u>0</u>	1501		2501	665	Utility issue fee (or reis	sue)	1,330.00
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE Fee from Extra below Fee Poid	1502 1503		2502	240	Design issue fee		
Extra below Fee Paid		640	2503	320	Plant issue fee		
Total Claims <u>33 - 41** = 0                                 </u>		130	1460	130	Petitions to the Commis	ssioner	
Multiple Dependent =	1807	50	1807	50	Processing fee under 3	37 CFR 1.17(q)	
	1806	180	1806	180	Submission of Informat	tion Disclosure Stmt	
Large Entity Small Entity   Fee Fee   Fee Fee   Code (\$)   Code (\$)	8021	40	8021	40	Recording each patent property (times number	assignment per r of properties)	
1202 18 2202 9 Claims in excess of 20 1201 86 2201 43 Independent claims in excess of 3	1809	770	2809	385		er final rejection (37 CFF	
1203 290 2203 145 Multiple dependent claim, if not paid	1810	770	2810	385	For each additional inve (37 CFR 1.129(b))	ention to be examined	
1204 86 2204 43 **Reissue independent claims	1801	770	2801	385	Request for Continued		ļ
over original patent 1205 18 2205 9 **Reissue claims in excess of 20	1802	900	1802	900	Request for expedited	examination of a design	ļ
1205 18 2205 9 **Reissue claims in excess of 20 and over original patent	1002	000	1002	000	application	oxammation of a design	
SUBTOTAL (2) (\$) 0	Other	fee (spe	cify) A	dvance	Copies of Patent (3)		9.00
**or number previously paid, if greater; For Reissue, see above		uced by	Basic	Filing F	ee Paid	SUBTOTAL (3) (\$) 1	,339.00
SUBMITTED BY						Complete (if applicable)	
Name (Print/Type)  Jeffrey T. Helvey		tration N ney/Ager			44,757	Telephone 202-37	1-2600
Signature John Helvex						Date 11/3	103
WARNING: Information this form may	y becom	e public. (	Credit c	ard info	rmation should not		

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